



Application Form

The Department of Ecology (Ecology) may provide informal, site-specific, technical consultations to persons conducting independent remedial actions at contaminated sites under the Voluntary Cleanup Program (VCP). Ecology may provide the consultations under either the Standard VCP process or the Expedited VCP process.

Check the box of the process you are applying for: [X] Standard VCP [] Expedited VCP

Apply to the Standard VCP process

To apply for the Standard VCP process, you must submit to Ecology all the following:

- VCP application form, completed and signed ← this form
• VCP agreement form, signed by applicant
• Agency determination checklist, completed.

To request an opinion on a planned or completed remedial action, you must complete Part 1.F in this form. Submit with this application one searchable pdf file and one hard copy of each report you want us to review.

Send your completed application to our regional contact listed, based on your site's county.

Map of Washington divided into four regions: Northwest, Eastern, Southwest, and Central. Each region is associated with a contact person, their email, and phone number. Northwest Region: Sonia Fernandez; Eastern Region: Ted Uecker; Southwest Region: Nicholas Acklam; Central Region: Frosti Smith.

1 https://www.ecy.wa.gov/VCP
2 https://fortress.wa.gov/ecy/publications/SummaryPages/ecy070324.html
3 http://ecyapfaff/Biblio2/SummaryPages/ECY070620.html
4 https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP

Apply to the Expedited VCP process

You may apply for the **Expedited VCP** process only during periods specified by Ecology. To see when Ecology is accepting **Expedited VCP** applications, see the [Expedited VCP webpage](#)⁵ or subscribe to our [Expedited VCP email list](#).

To apply for the **Expedited VCP** process, you **must** submit to Ecology all the following:

- VCP application form, completed and signed ← **this form**
- [Expedited VCP agreement](#),⁶ signed by applicant
- [Agency determination checklist](#), completed
- Remedial investigation report or equivalent, meeting the elements of our [remedial investigation checklist](#), and other reports you want us to review (one searchable pdf file and one hard copy each)
- Electronic environmental data submitted to the [Environmental Information Management](#) (EIM) system,⁷ which provides automatically generated email as confirmation
- Project schedule.

See the [Voluntary Cleanup Program \(VCP\): Guidance for the Expedited VCP Process](#)⁸ for additional information.

To **submit** your **Expedited VCP** application to Ecology, upload electronic files to [Box.com](#),⁹ after creating your online account. Send hard copy materials to:

[Sarah Wollwage](#), Expedited VCP Planner
Toxics Cleanup Program
Department of Ecology
PO Box 47600
Lacey, WA 98504-7600

Do not send your **Expedited VCP** application materials to an Ecology regional office.

You **must pay** the **nonrefundable application fee** within seven calendar days of receiving our invoice, or we may reject your **Expedited VCP** application. After receiving the complete application, we will send the invoice to the email listed for the project billing contact in **Part 1.C** of this form. We will not process your application until we have received payment. Contact [Sarah Wollwage](#) at Sarah.Wollwage@ecy.wa.gov or (360) 407-7141 for additional information.

Part 1 – Administration

1.A Applicant. The applicant is the person or organization requesting services from Ecology, and is responsible for paying Ecology's incurred costs incurred. The agreement explains the applicant's authority and duty.
Name of applicant: Norwood Lane 1 & 2 LLC and Norwood Investments LLC
What type of entity is the applicant?
<input type="checkbox"/> Person A person applicant must serve as the project billing contact. Identify this person and their contact information in both Parts 1.B and 1.C .
<input checked="" type="checkbox"/> Organization An organization applicant must identify the project manager in Part 1.B and the project billing contact in Part 1.C . The organization must employ both persons.

⁵ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/VCP-Expedited>

⁶ <http://ecyapfaff/Biblio2/SummaryPages/ECY070633.html>

⁷ <https://ecology.wa.gov/Research-Data/Data-resources/Environmental-Information-Management-database/EIM-submit-data>

⁸ <https://fortress.wa.gov/ecy/publications/summarypages/2009053.html>

⁹ <https://account.box.com/login>

Part 1 – Administration

What is the applicant's involvement at the site? Check **all that apply**.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> property owner | <input type="checkbox"/> business owner (operator) | <input type="checkbox"/> agent of property owner |
| <input type="checkbox"/> past property owner | <input type="checkbox"/> mortgage holder | <input checked="" type="checkbox"/> private person / organization |
| <input type="checkbox"/> future property owner | <input type="checkbox"/> consultant | <input type="checkbox"/> public agency / organization |
| <input type="checkbox"/> property lessee | <input type="checkbox"/> attorney | |
| <input type="checkbox"/> other – specify: _____ | | |

Expedited VCP note: The **Expedited VCP** applicant **must** have an ownership interest in or operate the facility or have a contractual right to purchase, redevelop, or reuse the facility. Agents for the property owner, such as a consultant, **may not apply** for the **Expedited VCP process**.

If not the current property owner, is the applicant authorized to grant property access? yes no

1.B Project manager. We will send the project manager all official correspondence. The project manager **must** be either the applicant or employed by the applicant. The project manager may not be an independent contractor hired by the applicant. Enter the required information.

Name: Mr. Alan Norwood		Title: Managing Member
Mailing address: 31707 129th Ave East		
City: Graham	State: WA	Zip: 98338
Phone: 253-219-2539	Email: norwood.cpa@gmail.com	Fax:

1.C Project billing contact. We will send the project billing contact monthly invoices. The project billing contact **must** be either the applicant or employed by the applicant. The project billing contact may not be an independent contractor hired by the applicant. Enter the required information.

Name: Mr. Alan Norwood		Title: Managing Member
Mailing address: 31707 129th Ave East		
City: Graham	State: WA	Zip: 98338
Phone: 253-219-2539	Email: norwood.cpa@gmail.com	Fax:

1.D Project consultant.

Is the applicant a consultant? yes no

If **“yes”**, skip to **Part 1.E**.

If **“no”**, **and** the applicant hired a consultant to conduct the independent remedial action, enter the required information.

Name: Elizabeth Rachman		Title: Vice President, Principal Hydrogeologist
Organization: Atlas Geosciences NW, LLC		
Mailing address: PO Box 1009		
City: Sumner	State: WA	Zip: 98390
Phone: 253-237-7366	Email: lrachman@atlasgeonw.com	Fax:

Do you want us to contact the project consultant? yes no

Part 1 – Administration

1.E Property owner.		
Is the applicant the owner of the property where independent remedial action is being conducted?		
<input checked="" type="checkbox"/> yes If “yes” , enter the type of entity and skip to Part 1.F. <input type="checkbox"/> no If “no” , enter below all of the required information.		
Name:		Title:
Organization:		
Mailing address:		
City:	State:	Zip:
Phone:	Email:	Fax:
What type of entity is the property owner? Check one .		
<input checked="" type="checkbox"/> private <input type="checkbox"/> tribal <input type="checkbox"/> federal <input type="checkbox"/> state <input type="checkbox"/> county <input type="checkbox"/> municipal <input type="checkbox"/> public school <input type="checkbox"/> mixed <input type="checkbox"/> other – specify: _____		
1.F Request for written opinion.		
Are you requesting a written opinion at this time? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
If “yes” , list the report(s) or plan(s) below you are requesting a written opinion for. Note: Your reports must meet the requirements on our Working with the Voluntary Cleanup Program . ¹⁰		
Attach to this application additional remedial action reports or plans you want us to review. We will base our opinion on the information in the site file, including information attached to this application.		
1.G Reporting requirements. Comply with the following two reporting requirements when requesting written opinions on planned or completed remedial actions.		
1.G.1 Professional licensing. Documents submitted containing geologic, hydrogeologic, or engineering work must be stamped by of an appropriately licensed professional, as required by Chapters 18.220 and 18.43 RCW.		
1.G.2 Data submittal to EIM. You must submit all site environmental sampling and analysis data in an electronic format that meets our requirements for transfer into our EIM system. Refer to our EIM webpage for instructions on how to apply for an account and submit your data. Failure to comply with these requirements may result in unnecessary delays.		
For Expedited VCP applications only , the study ID and CSV file name must both begin with “XVC” in the title. Do not use spaces or hyphens in either the study ID or CSV file name.		

¹⁰ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP>

Part 1 – Administration

Have you submitted all the site's environmental data to EIM? yes no

yes If **“yes”**, enter the study ID and CSV file name below.

no If **“no”**, and data need to be submitted, submit your data to EIM first, and then complete the required information below.

We will not accept your **Expedited VCP** application unless you have satisfied these requirements.

We will not issue a no further action (NFA) opinion, unless you have satisfied these requirements.

Study ID	CSV File name	Submitted to EIM? (y/n)
Ex: XVCNW9999	Ex: XVCnw9999_June20_results.csv	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	

Part 2 – Site description

2.A Site name. If we have already identified the site, enter the site name we provided. Otherwise, enter a suggested name for the site. You may also include an alternative name.

Name: Former Machine Shop

Alternative name:

2.B Source property. The source property is the property where hazardous substances were released into the environment. For example, for an underground storage tank (UST) release, the source property is where the underground storage tank is located that caused the release.

Do you know on which property the releases occurred? yes no

If **“yes”**, refer to the source property when identifying the physical address and geographic position below.

If **“no”**, refer to the property addressed by your cleanup when identifying the physical address and geographic position below.

2.B.1 Physical address. Enter the property's physical address.

Street address: 1335 Valentine Avenue Southeast

City: Pacific

State: WA

Zip: 98047

2.B.2 Geographic position. Enter the property's geographic position.

Coordinates	Latitude:	Degrees: 47	Minutes: 14	Seconds: 47.58
	Longitude:	Degrees: -122	Minutes: 14	Seconds: 51.60

Part 2 – Site description

Location on property (e.g., point of release or center of parcel)		Point of release		
Collection method (e.g., GPS or address matching)		GPS		
Collection source (i.e., map scale)		Google Earth		
Horizontal datum (i.e., base reference for coordinate system)		WGS 1984		
Accuracy level (i.e., +/- feet or meters)		+/- 3 feet		
Legal descriptions				
TRS data	Township: 20N	Range: 4E	Section: 01	Quarter-quarter:
Tax parcels				
<p>2.C Affected properties. An affected property is a property affected by the hazardous substances released on the source property. For example, a leaking UST release on one property (source property) may migrate through the soil or groundwater to an adjacent property (affected property).</p>				
<p>Do any of the releases affect any properties adjacent to the source property?</p> <p><input type="checkbox"/> yes If “yes”, identify below each property you know has been affected by the releases on the source property. If you need to add more information, go to 2.C in the additional information pages at the end of this form.</p> <p><input checked="" type="checkbox"/> no If “no”, skip to Part 2.D.</p> <p><input type="checkbox"/> unknown If “unknown”, skip to Part 2.D.</p>				
1	Address:			
	Tax parcels:			
2	Address:			
	Tax parcels:			
3	Address:			
	Tax parcels:			
4	Address:			
	Tax parcels:			
<p>2.D Public rights-of-way affected by the releases.</p>				
<p>Do any of the releases affect a public right-of-way (e.g., roadways)? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>If “yes”, specify below. Otherwise, skip to Part 2.E. If you need to add more information, go to 2.D in the additional information pages at the end of this form.</p>				

Part 2 – Site description

2.E Extent of the site.
What is the approximate areal extent of the site? Check only one .
<input checked="" type="checkbox"/> < 5,000 square feet <input type="checkbox"/> > 5,000 square feet, < 1 acre <input type="checkbox"/> > 1 acre, < 10 acres <input type="checkbox"/> > 10 acres <input type="checkbox"/> unknown
2.F Description of site release(s).
2.F.1 Release source(s).
What are the source(s) of the release(s) at the site? Check all that apply .
<input type="checkbox"/> area-wide lead and arsenic soil contamination (see “Area-wide soil contamination” below) <input type="checkbox"/> non-point source (e.g., contaminated soil used as fill) <input checked="" type="checkbox"/> point source (e.g., leaking tank) <input type="checkbox"/> unknown <input type="checkbox"/> other – specify: _____
Describe below the release source(s). If you need to add more information, go to 2.F.1 in the additional information pages at the end of this form.
The source of the release appears to be a sump in a storage shed used to store metal shavings and oil drums.
2.F.2 Release circumstances. Describe the release circumstances. If you need to add more information, go to 2.F.2 in the additional information pages at the end of this form.
It appears that the integrity of the concrete pour seam had been compromised over time, and oil spills in the shed that entered the drain leached into the subsurface.
2.F.3 Release discover circumstances. Describe the release discovery circumstances. If you need to add more information, go to 2.F.3 in the additional information pages at the end of this form.
A due diligence investigation performed as part of a potential property transaction identified the release.

Part 2 – Site description

2.F.4 Area-wide soil contamination. Visit the [Dirt Alert Program webpage](#)¹¹ or see the Management Plan for the [Tacoma Smelter Plume project](#)¹² for information about the area-wide soil contamination projects.

Is the site in an area affected by smelter emissions, such as from the Tacoma Smelter Plume area?

yes no unknown

See if the site is within the mapped [Tacoma Smelter Plume area](#).

Is the site located in a former fruit orchard in operation before 1947? yes no unknown

Is the site affected by area-wide arsenic or lead soil contamination? yes no unknown

2.G Nature and extent of contamination. The following refers to conditions after the release but before cleanup.

Hazardous substances and affected media. Identify hazardous substances released and media (e.g., soil) affected by those substances to the extent known. Use the codes at the end of the table.

Hazardous substance	Check affected media				
	Soil	Ground-water	Surface water	Sediment	Air
Ex: benzene	C	S	N/A	N/A	B
Oil-range total petroleum hydrocarbons	C	C	N/A	N/A	N/A

C = confirmed, greater than cleanup level O = confirmed, not present N/A = not suspected
 B = confirmed, less than cleanup level S = suspected U = unknown

¹¹ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Dirt-Alert-program>

¹² <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Cleanup-sites/Toxic-cleanup-sites/Tacoma-smelter>

Part 2 – Site description

2.G.1 Drinking water.

Does site contamination pose a threat or potential threat to an existing drinking water source (groundwater or surface water)? yes no unknown

If “**yes**”, what type of drinking water system is threatened by the contamination? Check **all that apply**.

single family public

If “**public drinking water supply**” is selected, is the contamination located within or upstream of a 10-year wellhead protection area? yes no unknown

If “**yes**”, or help is needed, see the [Source Water Assessment Program \(SWAP\) Mapping Tool](#)¹³ or call the Department of Health at (800) 521-0323 for information.

2.G.2 Indoor air.

Are contaminant odors noted in any buildings, underground utilities conduits, or other confined spaces?

yes no unknown

If “**yes**”, specify below. If you need to add more information, go to [2.G.2](#) in the additional information pages at the end of this form.

2.H Site maps.

Attach to this application maps that identify:

- site location
- affected properties and public rights-of-way
- source(s) of release(s)
- nature and extent of contamination
- impacted human or ecological receptors (e.g., through drinking water supplies)
- site physical characteristics (e.g., property lines, building and roadway outlines, surface water bodies, water supply wells, groundwater flow direction, and utility rights-of-way)
- adjacent properties and their uses (e.g., gas station, dry cleaner, residential).

Part 3 – Operational History

3.A Current use of source property. The following refers to only the source property and **not** other properties affected by the site contamination. Add information to the best of your ability.

3.A.1 Current property owners. Identify the current owner of the source property.

Name: Mr. Alan Norwood

Title: Managing Member

Organization: Norwood Lane 1 & 2 LLC and Norwood Investments LLC

Mailing address: 31707 129th Ave East

¹³ <https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/SourceWater/GISMappingTool>

Part 3 – Operational History

City: Graham	State: WA	Zip: 98338
Phone: 253-219-2539		
3.A.2 Current business owner (operator). Identify the current business owner operating on the source property.		
Name: Mr. Chuck Girtz	Title:	
Organization: Quality Stamping & Machining, Inc		
Mailing address: 1907 137 th Avenue East		
City: Sumner	State: WA	Zip: 98390
Phone: 253-863-5770		
3.A.3 Current business operations. Identify the current business operations on the source property.		
What is the current land use of the source property? Check all that apply .		
<input type="checkbox"/> residential <input type="checkbox"/> commercial <input checked="" type="checkbox"/> industrial <input type="checkbox"/> agricultural <input type="checkbox"/> childcare facility <input type="checkbox"/> school <input type="checkbox"/> park <input type="checkbox"/> other – specify:		
Does a commercial or industrial business currently operate on the source property?		
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
If “yes” , identify in the following table the current business operations using the North American Industry Classification System (NAICS) codes and specifying the operations.		
NAICS Code	Operations Description	
Ex: 447110	Gasoline stations with convenience stores	
332710	Machine Shop	
Is a solid waste handling facility located on the source property?		
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown		
If “yes” , identify below. If you need to add more information, go to 3.A.3 in the additional information at the end of this form.		
Is a dangerous waste treatment, storage, or disposal facility located on the source property?		
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown		
If “yes” , identify here: .		
If you need to add more information, go to 3.A.3 in the additional information pages at the end of this form.		

Part 3 – Operational History

3.A.4 Regulation of current business operations.

Does the business operate under any federal, state, or local permits (e.g., NPDES) related to the release of hazardous substances into the environment? yes no unknown

If “yes”, specify below the regulated operation, the name of the permit, and the date it was issued.

Regulated operation	Permit	Date issued
Ex: wastewater discharge	NPDES permit	02/02/02

Has a state or federal notice of enforcement action (e.g., notice of violation) ever been issued related to the release of hazardous substances at the business? yes no unknown

If “yes”, specify notice and year issued: _____

Have business operations resulted in any other spills or other unpermitted releases on the source property? yes no unknown If “yes”, list in the following table.

Release	Date of release	Status of release

3.A.5 Storage tank information. Identify all aboveground storage tanks (ASTs) and USTs that have been used to store hazardous substances on the source property, regardless of whether the tanks are still in service or in place. Enter “U” where unknown.

Identification				Status and Closure				Releases	
Hazardous substance	AST or UST	Size (gal.)	Tank ID	Date installed	In use (y/n)	Date closed	Closure method (*)	Past (y/n)	Current (y/n)
Ex: diesel	UST	10,000	4	02/87	N	5/98	removed	Y	N
N/A									

(*) Options = removed or closed in place.

3.B Past use of source property. The following refers to only the source property, not other properties affected by the site.

3.B.1 Past property owners. Identify the owner of the source property when the release occurred.

Name: Mr. Alan Norwood	Title: Managing Member
Organization: Norwood Lane 1 & 2 LLC and Norwood Investments LLC	

Part 3 – Operational History

Mailing address: 31707 129th Ave East		
City: Graham	State: WA	Zip: 98338
Phone: 253-219-2539	Fax:	Email: norwood.cpa@gmail.com
3.B.2 Past business owners (operators). Identify the site business owner (operator) when the release occurred.		
Name: unknown	Title:	
Organization:		
Mailing address:		
City:	State:	Zip:
Phone:	Fax:	Email:
3.B.3 Identification of past business operations. Identify the past operations of businesses on the source property using the NAICS codes and/or specifying the operations.		
NAICS Code	Operations description	
Ex: 447110	Gasoline stations with convenience stores	
332710	Machine Shop	
3.C Future use of source and affected properties. The following refers to both source and affected properties.		
Will any ownership interest in the source property or affected properties be conveyed before or upon cleanup completion? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
If “yes”, specify below. If you need to add more information, go to 3.C in the additional information pages at the end of this form.		
A prospective purchaser is interested in the site and may purchase it once remediation is complete.		

Part 3 – Operational History

3.D Redevelopment plans as part of cleanup.
Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown
If “ yes ”, specify below the proposed land use. Check all that apply .
<input type="checkbox"/> residential <input type="checkbox"/> school <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> childcare facility
<input type="checkbox"/> agricultural <input type="checkbox"/> park <input type="checkbox"/> other – specify:
Also, specify below the activities proposed for that land use. If you need to add more information, go to 3.D in the additional information pages at the end of this form.

Part 4 – Administrative history

Have you previously reported the release(s) of hazardous substances? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown If “ yes ”, when? _____
Has cleanup of the site, or any portion of the site, ever been managed under the Standard VCP or Expedited VCP ? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown If “ yes ”, specify Standard VCP or Expedited VCP project number: _____
Has the site cleanup, or any portion, ever been managed under a federal or state order or decree? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown If “ yes ”, specify type and docket number: _____

Part 5 – Independent remedial actions

5.A Scope of remedial actions.
Do you plan to characterize and investigate all site contamination, including contamination on affected adjacent properties, as part of your cleanup project? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
If “ no ”, describe below the scope of the cleanup project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you do not plan on characterizing or investigation as part of the Standard VCP or Expedited VCP project. If you need to add more information, go to 5.A in the additional information pages at the end of this form.

Part 5 – Independent remedial actions

5.B Status of remedial actions.

What is the current status of remedial actions at the site? Check **all that apply** in table.

Remedial action	Planned	Ongoing	Completed	Not applicable
Initial response (UST only)				X
Interim action				X
Remedial investigation			X	
Feasibility study				X
Cleanup action		X		

5.C Documentation of remedial actions.

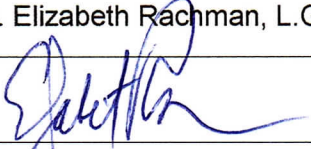
List all known remedial action plans or reports produced for the site, including:

- title
- preparer
- date produced
- whether submitted to us
- date submitted to us

If you need to add more information, go to [5.C](#) in the additional information pages at the end of this form.

	Title	Preparer	Date	Submitted to Ecology	
				yes/no	date
Ex:	Jane Doe site: Remedial Investigation Work Plan	Freedom Consulting	02/20/19	no	n/a
1	Phase I Environmental Site Assessment (ESA) Update	Environmental Associates, Inc.	10/9/2019	Y	attached
2	Supplemental Phase II	Atlas Geosciences NW, LLC	4/28/2020	Y	attached
3	Remedial Investigation	Atlas Geosciences NW, LLC	6/22/2020	Y	attached
4	Phase I ESA	Environmental Associates, Inc	1/15/2009	Y	attached
5					
6					
7					
8					
9					
10					

Part 6 – Statement and signature

<p>6.A Statement and signature. The undersigned affirms that the information provided in this application is true and accurate to the best of the applicant’s knowledge. Someone other than the applicant may sign this application form.</p>			
Name: Ms. Elizabeth Rachman, L.G., L.Hg.		Title: Vice President, Principal Hydrogeologist	
Signature: 		Date: 7/30/2020	
Organization: Atlas Geosciences NW, LLC			
Mailing address: PO Box 1009			
City: Sumner		State: WA	Zip: 98390
Phone: 253-237-7366	Email: lrachman@atlasgeonw.com	Fax:	
<p>6.B Affiliation.</p> <p>What is the signatory’s involvement at the site? Check all that apply.</p> <p> <input type="checkbox"/> applicant <input type="checkbox"/> property owner <input checked="" type="checkbox"/> consultant <input type="checkbox"/> attorney <input type="checkbox"/> other - specify: </p> <p>Expedited VCP note: While anyone may sign the application form, only certain types of applicants are eligible to join Expedited VCP process and sign the Expedited VCP agreement. To sign the agreement, the applicant must have an ownership interest in or operate the facility or have a contractual right to purchase, redevelop, or reuse the facility. If the applicant is a corporation, a representative authorized to bind the corporation must sign the Expedited VCP agreement.</p>			

If you need this publication in an alternative format, please call the Toxics Cleanup Program at 360-407-7170 or visit our [Toxics Cleanup Program webpage](https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup).¹⁴ Persons with hearing impairment can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

¹⁴ <https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup>

Additional Information Pages

Insert information here that does not fit into the application format above.

2.C Affected properties (continued)	
5	Address:
	Tax parcels:
6	Address:
	Tax parcels:
7	Address:
	Tax parcels:
8	Address:
	Tax parcels:
9	Address:
	Tax parcels:
10	Address:
	Tax parcels:

2.D Public rights-of-way affected by the releases (continued)	

2.F.1 Release source(s) (continued)	

2.F.2 Release circumstances (continued)	

<u>2.F.2</u> Release circumstances (continued)

<u>2.F.3</u> Release discovery circumstances (continued)

<u>2.G.2</u> Indoor air (continued)

<u>3.A.3</u> Current business operations (continued)

<u>3.C</u> Future use of source and affected properties (continued)

3.D Redevelopment plans (continued)

5.A Scope of remedial actions (continued)

5.C Documentation of remedial actions (continued)

5.C Documentation of remedial actions (continued)
